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Draft resource mobilization strategy for UNICEF

Summary

The present report contains a draft resource mobilization strategy for UNICEF. It aims to assure increased core resources for UNICEF; obtain greater predictability of contributions to core resources; and find a means of increasing burden-sharing among donors to UNICEF core resources. The elements of the draft strategy have been addressed throughout 1998 in a series of reports prepared by the secretariat and discussed by the Executive Board at intersessional meetings and at the annual session in June. The final strategy is to be approved by the Board at its first regular session of 1999.

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Contents

		Paragraphs	*Page*
I.	Introduction	1 - 6	3
II.	The context of the future work of UNICEF	7 - 9	4
III.	Reaching the Summit goals and preparing for the new millennium: a need for additional resources	10 - 16	4
IV.	The base of support for UNICEF	17 - 23	6
	A. Government support	18 - 20	6
	B. Direct support from civil society	21 - 23	6
V.	The nature of contributions to UNICEF	24 - 29	7
VI.	Possible scenarios for increasing resources: the draft resource mobilization strategy	30 - 69	8
	A. Issues to be agreed by the Executive Board	31 - 39	8
	B. Measures to be taken by the secretariat	44 - 61	10
	C. Other sources of funding	62 - 69	12
VII.	Conclusion	70	14

I. Introduction

1. UNICEF, together with the other United Nations funds and programmes, has been requested by the General Assembly and the Economic and Social Council to develop a resource mobilization strategy, with a view to making funding for core resources more secure and predictable, based on its programme needs and specific mandate. The Assembly first addressed the question two years ago (resolution 50/227 of 24 May 1996), but the issue of mobilizing resources for UNICEF, the lead United Nations agency for children, could not be more timely.

2. Resource mobilization is increasingly important for UNICEF because core resources income has remained fairly stagnant and supplementary funding has declined in recent years. Paradoxically, this situation has coincided with the growing realization that without renewed commitments and increased resources, the major goals set by the World Summit for Children in the areas of child and maternal mortality, malnutrition, access to basic education and water and sanitation will not be met at the global level by the end of the decade. At the same time, evidence is emerging that poverty is spreading and deepening, in spite of renewed economic growth around the world. The two-tiered global economy is leading to growing polarization and the marginalization of the most vulnerable and disadvantaged groups, including women and children. The Executive Board has expressed concern about this gap in funding creating barriers to reaching the major goals at the global level, hence the urgency of a viable resource mobilization strategy. With increased resources, UNICEF will be better placed to support government efforts for children and women.

3. The elements of the strategy have been addressed throughout 1998 in a series of reports prepared by the secretariat and discussed by the Executive Board at intersessional meetings and most recently during the annual session. The strategy, to be approved by the Board at its first regular session of 1999 and which is presented in draft form in the present report, aims to assure increased core resources for UNICEF; obtain greater predictability of contributions to core resources; and find a means of increasing burden-sharing among donors to UNICEF core resources. The strategy has been elaborated in the light of the unfinished agenda of the World Summit for Children, the follow-up to the other major international conferences, the development of rights-based programming by UNICEF and its government partners, and the ongoing reform of the United Nations system, including the United Nations Development Assistance Framework.

4. While increased and more predictable core resources are necessary for UNICEF to continue its mission, supplementary funds are equally vital to the organization, as they allow UNICEF to implement fully the country programmes approved by the Executive Board and to respond rapidly and efficiently to emergencies. The draft strategy, therefore, also addresses ways of mobilizing both regular and emergency supplementary funds. It also describes how UNICEF intends to strengthen private sector contributions, which account for one third of its income, and how it is working to mobilize resources from other partners, including the international financial institutions.

5. Like the report presented to the Board at its annual session on steps taken to develop the resource mobilization strategy (E/ICEF/1998/11), the draft strategy itself is composed of elements that can be implemented immediately by the secretariat and elements that require further negotiation with the Board as a whole or with individual donors. In making recommendations to the Board, the Executive Director is aware that not all Governments are in a position to implement them fully, but the secretariat is ready to work with them to facilitate the implementation of the strategy to the greatest degree possible.

6. Fundamental to the resource mobilization strategy is the principle that UNICEF, as a member of the United Nations system, is an intergovernmental body whose core basis of support must remain contributions from Governments. This in no way diminishes the importance of the unique and invaluable support provided to UNICEF from the private sector and the general public around the world, through the National Committees for UNICEF and non-governmental and other private sources. The Committees are critical partners which now contribute about one third of the organization's core resources, and their distinctive contribution must be encouraged and enhanced. Indeed, the secretariat has taken a number of measures, including the reorganization of the Private Sector Division (PSD), both to support the Committees and increase their potential for contributing to meeting the needs of children through UNICEF, and to develop new sources of non-governmental contributions. However, to avoid changing the character of UNICEF, voluntary contributions from Governments need to become more predictable and increase along with those from the private sector. This is the challenge of the resource mobilization strategy.

II. The context of the future work of UNICEF

7. Major priorities for UNICEF are to support Governments in achieving and sustaining the goals set by the World Summit for Children and in ensuring that children's and women's rights are respected, in accordance with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. However, as indicated in the report to the Board's annual session on follow-up to the World Summit for Children (E/ICEF/1998/8), meeting the Summit goals will require renewed efforts by Governments in a number of areas. While UNICEF has a role to play in this process, as catalyst and partner, it is important that all countries rededicate themselves to the challenge of attaining the goals by the end of the decade.

8. As a first step towards addressing this issue, the secretariat developed a set of programme priorities that are outlined in the medium-term plan for 1998-2001 (E/ICEF/1998/13) and based on the programme priorities for 1998-2000 (CF/PD/PRO/98-003), a set of guidelines that were sent to all offices in May 1998 and shared with the Executive Board. These documents set out four areas of concentration related to the "unfinished agenda" of the World Summit for Children, as well as three areas of emerging priority. The first four are: reducing young child mortality and morbidity, and preventing and treating child disability; reducing maternal mortality and morbidity; improving access to and quality of basic education; and reducing exploitation, abuse and harm of children. The three emerging areas, which are important both to achieving the goals and to the future work of UNICEF, are: improving early childhood care for child growth and development; improving young people's health and development; and improving the availability and use of data in critical areas.

9. The secretariat has also developed guidelines for human-rights based programming that define this approach, stress its key guiding principles, assess the implications for UNICEF country programmes and suggest a methodology for developing a rights-based programme. These guidelines, together with the UNICEF global agenda for children beyond the year 2000 that is under development, are key to the future of UNICEF and to its efforts to mobilize resources for children into the next century.

III. Reaching the Summit goals and preparing for the new millennium: a need for additional resources

10. A first step in defining the UNICEF resource mobilization strategy is to identify the cost of the programmatic interventions required to achieve the goals for children. In the context of developing its medium-term plan for the period 1998-2001, UNICEF has attempted to estimate the longer-term funding target for meeting its programme priorities. The plan also projects the level of income which UNICEF expects to receive during the plan period. Bridging the gap between the amount of money UNICEF needs to accomplish its priorities and the amount it currently expects to receive, is formidable but nonetheless possible.

11. As part of a collaborative effort to support the 20/20 Initiative, major international agencies, including UNICEF, have estimated that ensuring universal access to basic social services will require that expenditures should increase globally by about 60 per cent. If the UNICEF share in the global-level effort remains the same as it is today, this would imply that its funding level would increase by the same proportion, i.e., from $942 million in 1998 to about $1,500 million by 2005, representing a target growth rate of 7 per cent per year (as compared to the 3.5 per cent growth rate projected in the medium-term plan).

12. These additional resources will enable UNICEF to intensify, expand or accelerate implementation of specific catalytic activities in support of national efforts to meet the goals of the World Summit for Children. Accordingly, part of the additional resources would be channeled to the programming priorities for 1998-2000, which focus on the Summit goals, and part to the emerging areas of priority (see para. 8 above).

13. Much work remains to be done by the international development community to estimate better the cost of interventions aimed at improving children's and women's well-being. For some crucial areas, such as programming for young people and early child care for development, costing and measurement of impact have yet to be developed. However, the following examples, taken from the UNICEF programme priorities for which consensus has been reached on cost estimates, illustrate what UNICEF could contribute if the stated funding target were met. The targets take into account the countries most in need

efforts towards achieving the goals, based on their current levels of achievement:

(a) Approximately $125 million over a five-year period (40 per cent of the estimated external funding needed) would allow UNICEF to help more than 50 countries with an under-five mortality rate greater than 70 per 1,000 live births and that require major external assistance, to achieve the goal of immunization and vitamin A supplementation coverage of more than 90 per cent, using safe injection equipment and quality assurance procedures;

(b) An allocation of $40 million over a five-year period would mean that UNICEF could account for one third of the total external effort needed to implement special urban measles control activities in the 20 countries that account for 85 per cent of measles deaths;

(c) UNICEF would contribute one third of the total effort to eliminate neonatal tetanus in the 26 countries that account for more than 90 per cent of the global cases, if $20 million were made available over a period of five years;

(d) With $65 million over a five-year period, UNICEF would promote integrated, community-based approaches for the management of childhood illnesses and the improvement of hygiene and sanitation in 27 countries;

(e) With $25 million over five years, UNICEF would be able to implement specific catalytic activities to improve access to safe water in 22 countries, including Bangladesh, China and India;

(f) With approximately $115 million over five years, UNICEF would be able to contribute one fifth of the external assistance needed to support community-based malaria prevention and treatment in 20 priority countries where malaria is endemic;

(g) With $30 million over five years, UNICEF would contribute to increase protection and care for 6 million disabled children in nine countries that account for one quarter of the world's disabled children;

(h) UNICEF could use advocacy to help 44 countries with the highest maternal mortality rates to build "mother-friendly" societies at an estimated cost of $20 million. With approximately $70 million, UNICEF could help to create conditions for safe motherhood in 450 districts in 15 countries in West and Central Africa;

(i) Improving girls' education in 35 countries in Africa and South Asia, of which the estimated UNICEF share of the global effort would be approximately $250 million over five years, would have a longer-term impact on the reduction of maternal mortality;

(j) UNICEF is focusing efforts for the progressive elimination of the most hazardous and exploitative forms of child labour in some 20 countries where the problem is most acute. To support approximately one third of the global effort, UNICEF would need $30 million over five years;

(k) The UNICEF contribution to programmes targeted at children, families and communities affected by HIV/AIDS in Eastern and Southern Africa, Brazil, Cambodia, Cote d'Ivoire, Senegal, Thailand and Viet Nam would amount to approximately $100 million over a five-year period. An estimated $30 million allocated to UNICEF over a five-year period would enable large-scale implementation of pilot projects in Africa (Botswana, Cote d'Ivoire, Rwanda, Uganda and Zambia) and Asia (Cambodia, Thailand, Viet Nam) aimed at reducing mother-to-child transmission of HIV/AIDS. It is expected that UNICEF will also receive donations in kind including drugs, test kits and essential supplies, which would support these efforts.

14. The impact of additional resources channeled through UNICEF will be measured through the mechanisms for monitoring and evaluating programmes that already are in place throughout UNICEF and through the country programme process, which includes an analysis of lessons learned from past programme implementation, annual and mid-term reviews and annual country, regional and global reports. The global adoption of such new systems as the Programme Manager System (PROMS) will enhance further the UNICEF monitoring and evaluation capacity, contribute to improving the quality of programming and increase transparency in all transactions.

15. Implementation of activities will depend on the level and type of allocations of additional resources to UNICEF. Core resources are the backbone of the organization's funding and thus are an essential determinant of the capacity of UNICEF offices. Core resources are used to build the capacity of Governments and civil society organizations, while ensuring high-priority

support to least developed countries and remaining responsive and flexible in the approaches used. Supplementary funds generally are used to support specific short-term activities with clearly defined expected results and build directly on the foundation provided by core resources. Without a strong UNICEF programme based on core resources, it would not be possible to use effectively earmarked supplementary funds.

16. UNICEF is well-positioned to focus on these priorities because of its mandate to serve as an advocate for the protection of children's rights, to help meet children's basic needs and to expand their opportunities to reach their full potential. All UNICEF programmes are situated within general development strategies and take into account such factors as national execution; capacity-building; poverty alleviation; community empowerment, especially of women, and participation in planning and implementation; sustainability; environmental soundness; and coordinated and intersectoral policies. In its programmes in 161 countries and territories (with 125 country offices), UNICEF carries out activities that include the setting of norms and standards, social mobilization, procurement services, fund-raising, support for non-governmental organizations (NGOs) and policy analysis and dialogue. In its 52-year history, UNICEF has continually produced demonstrable results for children, which have resulted in widespread public support and a distinct organizational identity that is known the world over. UNICEF thus has been able to act as a moral force for children and to generate political will and resources for children. That record of achievement is the foundation of UNICEF support and is central to the resource mobilization strategy.

IV. The base of support for UNICEF

17. UNICEF has two distinct bases of support. It is supported by Governments in its capacity as one of the funds and programmes of the United Nations multilateral system of operational activities for development. It is also supported by civil society around the world - individuals, groups and private corporations who believe that children in particular deserve special attention, support and help, and believe that UNICEF is well placed to make a difference for them.

A. Government support

18. UNICEF is an intergovernmental organization, operating under the guidance of the Executive Board and in accordance with the decisions of the Economic and Social Council and the General Assembly. Voluntary contributions from Governments provide about two thirds of its total resources. As the lead United Nations agency for children, UNICEF operates on the basis of a global consensus for its activities through its governance structure. Its mission has been approved by the Executive Board. The Board approves both its global strategies and individual country programmes of cooperation, which are developed in close cooperation with host Governments. As such, the "ownership" of UNICEF rests with Governments.

19. During the Executive Board's discussion of the resource mobilization strategy at the 1998 annual session, many delegations underlined the importance of continued voluntary government support for UNICEF, while at the same time recognizing the importance of private sector contributions. Many delegations, from both donor and programme countries, and the Standing Group of National Committees for UNICEF, suggested that increases in private sector contributions should be matched by increases in government contributions. However, in recent years, the former have exceeded the latter, a fact the Committees saw as having potentially long-term implications for UNICEF and the Board.

20. Many delegations also stressed the importance of burden-sharing among donors, because at present, a small number of Governments provide the bulk of contributions to UNICEF (see para. 25 below). This situation makes UNICEF vulnerable to changes in the domestic economies or policies of a few countries. Many countries could provide a larger share of their official development assistance (ODA) to UNICEF, which encourages Governments to increase their overall ODA contributions. Programme countries also contribute to UNICEF core resources, in addition to in-kind contributions, and the scope for increases in these contributions would need to be considered on an individual basis.

B. Direct support from civil society

21. Almost since its inception, UNICEF has had a unique relationship with the public around the world, through its Goodwill Ambassadors, UNICEF greeting cards and most importantly, through the National Com mittees for UNICEF. Support from civil society is a critical component of the UNICEF resource base: about one third of the organization's resources depend on the National Committees and on private-sector fund-raising. The total private sector contribution to UNICEF (core resources and supplementary funds) tripled between 1987

and 1996, while government contributions during the same period grew by less than one half. Other non-governmental partners include service organizations (including Rotary International, Kiwanis and the Lions Clubs), which historically have provided valuable support to UNICEF. Potential new sources of support include foundations and corporations.

22. In addition to fund-raising for UNICEF, the National Committees, through their communication activities, play a key role in increasing awareness of children's and development issues while at the same time raising the profile of UNICEF and the effectiveness of its programmes. The creation of a climate of public opinion that is favourable towards development assistance in general, and UNICEF in particular, is the basis on which Governments are able to maintain both their levels of ODA and their support to the organization. In this regard, the UNICEF programme of education for development, which encourages the formation of attitudes of global solidarity in young people - the voters and donors of tomorrow - is a crucial long-term strategy.

23. The private sector offers good potential for growth in terms of both financial and in-kind contributions. UNICEF, through its reorganized PSD (see paras. 48-54 below) is working to expand this relationship further. New fund-raising mechanisms are being developed in cooperation with the National Committees and there is increasing sharing of "best practices" between them. The sale of greeting cards and products continues to be the foundation of the Committees' contribution, but efforts are underway through PSD to develop targeted corporate fund-raising in selected countries. The Committees are also looking at ways of contributing both to core resources and to supplementary funds for particular programmes. UNICEF is examining the possibility of increased private sector fund-raising in programme countries to contribute supplementary funds to those country programmes.

V. The nature of contributions to UNICEF

24. Core resources are and must remain the foundation of UNICEF funding. The resource mobilization strategy thus aims to improve the predictability of and assure adequate growth in the core resources provided by Governments. Since 1990, contributions to core resources in real terms have stagnated, averaging around $533 million per year. The growth rate of core resources contributions has leveled off in nominal terms in the last seven years and the portion of core resources coming from Governments declined from 73 per cent in 1990 to 66 per cent in 1997.

25. A relatively limited number of Governments contribute the majority share to a stagnant or slightly declining level of government core resources. In 1997, five Governments contributed 65 per cent of total governmental core resources and 10 Governments provided 87 per cent. The decline in core resources contributions from Governments has been offset slightly by an increase in core funding from the private sector through the National Committees for UNICEF.

26. UNICEF prefers contributions to core resources, which make it possible for the organization to have a presence in a country, give it the capacity to develop a country programme of cooperation with the Government and then support its implementation. However, many donors are interested in providing additional resources. These additional resources are indispensable to the effectiveness of UNICEF, which sees the supplementary funding mechanism as a tool for expanding the reach of country programmes and ensuring the capacity to deliver critical assistance to children. Supplementary funds are also essential to the organization's ability to respond to emergency situations.

27. Regular supplementary funds have fluctuated considerably, from a low of $165 million in 1991 to a high of $311 million in 1995, dropping back to $243 million in 1997. The government donor base is narrow, with five donors providing an average of 65 per cent of total regular supplementary funds in 1997.

28. When there is a shortfall in income against the projections made in the annual financial medium-term plan, UNICEF must adjust its spending accordingly. In recent years, when income has declined primarily because of the continued strength of the United States dollar and a decline in supplementary funds income, every effort has been made to avoid cutting programmes. The Management Excellence Programme has resulted in more efficient structures and processes throughout the organization, and the Executive Board has been informed of these changes through periodic reports. In addition, through the annual budgetary review process, both headquarters and field offices have been asked to look for savings that will not affect the quality of programme delivery, in such areas as travel or the use of consultants. However, a continued decline in contributions to core resources ultimately will mean smaller allocations to

country programmes, based on the formula approved by the Executive Board in 1997, with the result that the programmes approved by the Executive Board might not be fully implemented.

29. Supplementary funds for emergencies, which increased from a low of $29 million in 1987 to a high of $214 million in 1994, declined in 1995 and 1996. They leveled off at around $100 million for two years, and it appears that they may decline again in 1998. Of course, emergency contributions vary from year to year depending on the nature and magnitude of humanitarian crises. Other factors are the amounts requested by UNICEF through consolidated appeals and the perceived importance of these crises by potential donors. While levels of total emergency income have declined over the past five years, this is largely a result of lower targets, increased focus on inter-agency coordination and the rational division of labour, more realistic planning internally and a sharper programmatic focus on children's particular needs in emergencies. While response rates have improved slightly, the income received by UNICEF still represents under 10 per cent of the total humanitarian budget allocated to United Nations agencies by donors, according to the Office of the Coordinator for Humanitarian Affairs (OCHA).

VI. Possible scenarios for increasing resources: the draft resource mobilization strategy

30. As stated at the outset, the aim of the resource mobilization strategy is to assure increased core resources; obtain greater predictability of core resources, necessary for an effective planning environment; and find a means of increasing burden-sharing among donors to core resources. The various elements proposed for the strategy address these fundamental aims. In addition, the draft strategy addresses ways of mobilizing and improving the management of contributions to regular and emergency supplementary funds. Some proposals will have to be agreed upon by the Executive Board, while others, specific to the internal management of UNICEF, can be or have been implemented by the Executive Director.

A. Issues to be agreed upon by the Executive Board

1. Contributions to core resources

31. Prior to the Executive Board's 1998 annual session, at the intersessional meeting of 1 May, the Executive Director posed a series of questions intended to ascertain delegations' preliminary views on certain issues. At the annual session, many delegations responded to those questions, and their answers have been taken into account in formulating the following proposals.

Increased contributions to core resources and burdensharing

32. The issues of increasing contributions to core resources and increasing burden-sharing among donors are closely linked, because as has been stated, a small group of donors currently provide the bulk of contributions to core resources. If more Governments provided a larger share of their ODA to UNICEF, this would widen the pool of donors and provide UNICEF with substantial new resources.

33. At this time, 12 Governments contribute more than 1 per cent of their ODA to UNICEF, including Sweden (6.4 per cent), Finland and Norway (each more than 3 per cent). If all donors were to provide a minimum annual contribution to UNICEF of 1 per cent of ODA, this would increase UNICEF annual income by $260 million, assuming that current levels of ODA remain unchanged. If Governments cannot yet attain this level, they could review the possibility of increasing their contribution to UNICEF by at least 7 per cent, which is the target growth rate for total UNICEF income set by the medium-term plan, with a view to reaching the 1 per cent share within a specified time period. Progress towards meeting these agreed targets then could be reviewed, for example in connection with the annual review of the updated UNICEF financial plan.

34. The secretariat is willing to work with Governments to see how they can meet these targets as far as possible through contributions to core resources. It is hoped that the identification of a resource mobilization target and of specific, short-term priority interventions to meet global goals will make it possible for Governments to reaffirm their commitments to the goals of the World Summit for Children and provide additional resources for their realization.

35. The secretariat welcomes the commitments of programme countries to increase their contributions to UNICEF. In many programme countries, in addition to government contributions to core resources and in-kind support, there is considerable scope for business partner-

ships and leveraging of funds using corporate contributions. In countries that will graduate from receiving core resources, UNICEF is reviewing modalities for its continued presence.

Greater predictability

36. A number of delegations have suggested that donors make negotiated, multi-year pledges to UNICEF, but others have said that negotiated pledges would undermine the principle of voluntary contributions. A number of Governments are unable to make commitments beyond their current fiscal year because of their legislative and budgetary procedures. This strategy proposes that those Governments that are able to do so make multi-year pledges, and that those whose legislative processes do not allow this, make indicative multi-year pledges to be confirmed by an agreed-upon date each year. This would provide the secretariat with more reliable figures on which to base the financial plan and thus the proposed allocation of core resources to country programmes.

37. Several donors have indicated that as part of the pledging process, they would be willing to indicate a baseline, or floor, for their annual contributions, while allowing for the possibility of additional funding, either to core resources or in supplementary funds. This also would allow for more accurate financial planning.

38. While recognizing that Governments have different fiscal years and procedures, the strategy envisages Governments paying their contributions, in full if possible, at the very beginning of their fiscal year. Those that cannot should commit themselves to a firm payment schedule, so that UNICEF will know in advance when it will receive donors' contributions. As soon as donors indicate what their contribution will be and the date on which it will be made, UNICEF can take foreign exchange market positions to protect the purchasing power of that contribution. Thus, even this information about contributions will increase the funds available for UNICEF.

39. The continued strength of the United States dollar has been the major reason for the decline in UNICEF income in the last two years. The secretariat had queried if Governments could make pledges in United States dollars to mitigate against exchange rate uncertainties. Delegations were almost unanimous in rejecting this suggestion.

2. Supplementary funds

Regular supplementary funds

40. Supplementary funds allow UNICEF to expand the activities of approved country programmes and programmes at global, regional and country levels. Often, Governments that are unable to increase their contributions to core resources are able to channel additional, supplementary funds through UNICEF. However, these specific-purpose contributions usually are designated by a limited number of donors for specific projects in specific countries and require fairly detailed reporting on each individual contribution. Certain regions, for example West and Central Africa, historically have attracted low levels of supplementary funding despite their demonstrated needs, although contributions are gradually improving.

41. In line with many donors' growing interest in "results-based" budgeting and in using their development assistance to focus on specific policy areas (e.g, girls' education), there is an increasing emphasis on coordinated sectoral programmes at field level. Recent, successful contributions of this type include funds provided for girls' education in Africa by Canada and Norway; for children in need of special protection, by the Netherlands; and for the Mekong multi-country AIDS initiative, again by the Netherlands. There is a growing awareness by donors and UNICEF that such thematic priorities provide a new modality for mobilizing resources around issues that are subregional, regional or even global in scope, such as child labour, landmines or girls' education. These types of problems are often suited to a thematic approach. Supplementary funds provided to UNICEF for thematic initiatives could be applied flexibly and also help UNICEF to address imbalances in supplementary funds for countries that often result from multilateral or bilateral funding priorities.

Emergency contributions

42. Income received by UNICEF in response to United Nations consolidated appeals is used to fund programmes for children and women in complex emergency situations. More predictable resources would enhance the efficiency, speed and reliability of UNICEF emergency responses. UNICEF is contributing to the recovery process in a number of post-conflict situations and could do so more fully with increased emergency resources. The secretariat is proposing the following series of measures that would

allow UNICEF to improve its emergency response capacity:

(a) *Early allocations for better planning*. To ensure the effectiveness of coordinated United Nations action in emergency situations and the predictability of the UNICEF response, some certainty of resource base is essential. As part of an OCHA effort to assure more timely preparation of consolidated appeals for 1999, by December 1998, donor Governments will receive information on total requirements for the next year. Once provided with information on strategies, plans and the financial needs of the United Nations inter-agency team, Governments could then make allocations to emergency appeals at the beginning of the year;

(b) *Non-earmarking of contributions (subregionally and within appeals) for greater flexibility in responding quickly to changing geographic and sectoral priorities*. The increasing tendency of donors to select countries, projects and even the activities within projects makes the flexible and timely management of emergency resources extremely cumbersome and often results in critical sectoral and geographic gaps. The secretariat proposes that donor contributions to appeals include a minimum percentage of 20 per cent that are not earmarked, but for which UNICEF can report on allocations post-facto;

(c) *Simplified reporting*. A simplified pilot reporting process has been initiated in the Great Lakes region of Africa and Rwanda under which one general report is developed for an appeal year, accompanied by an overall summary of expenditures. If necessary, individual financial reports can be provided to reflect implementation levels of specific contributions. The secretariat proposes that donors amend their contribution agreements to allow for such simplified reporting in place of individual reports on emergencies;

(d) *Minimum 12-month contributions and measures that allow long-term staff to be funded from short-duration contributions*. The secretariat suggests that donors, whenever possible, modify the terms and conditions of their emergency contributions. If grants have a minimum duration of 12 months for committing funds, this would greatly enhance the ability of UNICEF to address the longer-term transition from emergency to development needs. The secretariat proposes that donors consider earmarking a minimum of 10 per cent of each contribution to a globally managed fund to be made available by headquarters to field offices for the financing of staff contracts;

(e) *Framework agreements*. In order to streamline the administrative work required by donor partners, framework or partnership agreements have proven quite effective. The secretariat proposes that donors consider elaborating umbrella agreements as they relate to emergencies, including resources for the proposals outlined in subparagraphs 42 a-d above.

43. As issues of post-conflict resolution and social sector rehabilitation gain greater attention from a number of bilateral donors and the World Bank, opportunities for UNICEF collaboration expand. To the extent that additional resources are made available, UNICEF is well placed to have a significant impact in such situations and has the potential to contribute in greater measure to the inter-agency effort, at both the policy and operational levels. In cases where direct bilateral aid may not be feasible, contributions to UNICEF will support social sector recovery.

B. Measures to be taken by the secretariat

1. Management issues

44. The Executive Director is committed to making the best possible use of the resources entrusted to UNICEF. The Management Excellence Process and the development of new systems are contributing to improved cost-effectiveness and overall management, thus allowing UNICEF to devote the maximum amount of resources to programmes.

45. Management of contributions, through effective programme delivery, is as important as fund-raising. PROMS and the new headquarters financial system will come on line in New York in 1999. Both systems will improve the ability of UNICEF to provide timely financial information to donors. Together with an increased effort to provide reports to donors that are timely, concise and readable, they are the basis for contribution management. As was reported to the Board at the annual session, contribution management skills were featured at the May 1998 orientation of new UNICEF representatives and at regional management training sessions during the year. This training covered "best practices" of contribution management within country offices and guidelines on donor reporting and on private sector fund-raising.

2. Donor reporting

46. The secretariat has made a commitment to improve the quality of donor reports. One way of doing so would be to replace the current practice of providing each donor with an individual report for each contribution made to supplementary funds, with an annual progress report on a given sector within a country. This would also be true for core resources. A sample report along these lines was developed on "health in Uganda". Prior to making their annual contributions, donors could agree with UNICEF on the broad strategic thrusts of their contributions, which would be in line with their own ODA priorities. The reports could provide details about individual donor contributions to the relevant sector. Using PROMS and the new financial system, the secretariat will be able to provide donors with additional details if necessary. This new reporting system would reduce the time required for preparing the reports and provide donors with a better indication of the impact of their contributions to supplementary funds and how they support the work made possible with core resources. The secretariat looks forward to working with donor Governments and National Committees on this issue.

3. The role of UNICEF communication activities

47. Communication is crucial to resource mobilization efforts. The communication policy (E/ICEF/1998/10) approved by the Executive Board at its 1998 annual session set out a strategy for using communication in support of resource mobilization. UNICEF communication activities take place at the global level through the work of the Division of Communication and the Regional Office for Europe in Geneva, and at the national level in industrialized countries through a key partnership with the National Committees. The common objectives are to increase awareness of children's issues, raise the profile of UNICEF and its programmes and establish the organization's credibility, thus creating a climate favourable to continued support from the general public. These objectives are achieved by illustrating the effectiveness of UNICEF programmes through various media, including publications, television, radio, the World Wide Web, exhibitions, etc.. These activities, in addition to special events, the activities of international and national Goodwill Ambassadors and media field visits, also draw attention to UNICEF programmatic achievements. Relations with the news media at global, national and local levels help to establish the identity of UNICEF as the leading global advocate for children. The impact these activities can have over both the short and long term is crucial to the success of the UNICEF fund-raising strategy.

4. Private Sector Division

48. Support from the private sector, primarily through the National Committees, is critical to UNICEF resource mobilization efforts, providing one third of the organization's income through greeting card and product sales and direct fund-raising. To maximize private sector revenue with its limited financial and human resources, PSD has been reorganized over the last year. The end result has been a change in organizational concept, structures and business practices.

49. PSD is improving its methodologies and business processes and clarifying its role and responsibilities and those of its key partners, the National Committees. The new concept of "brand management" has been introduced, meaning that whether through product sales or appeals to the general public or corporate partners, the "UNICEF brand" is being leveraged. Through this approach, the planning and execution of greeting cards is combined with fund-raising campaigns. Because of the value and importance of this name, every fund-raising appeal or approach to targeted consumers or corporations must be carefully chosen and strategically applied. The intent is to leverage the UNICEF name to maximize contributions to the organization.

50. The sale of greeting cards historically has been a major source of core resources revenue, and changes have been instituted in their development and marketing to maximize that revenue. As of 1999, the spring card collections will include cards for such occasions as Valentine's Day, Easter and Mother's Day, enlarging the year-round outreach of UNICEF greeting cards. The product collection has been entirely redesigned and represents a new, thematically driven gift collection for children.

51. In terms of corporate fund-raising, a new section within PSD has been established to develop and manage international corporate fund-raising alliances. The overall strategy is to focus on a few key markets in countries with National Committees and other countries that have a high fund-raising potential, specifically targeting the corporate sector. It is proposed that the strategy be tested in Germany, Spain, the United Kingdom and the United States.

52. Ongoing successful corporate partnerships are continuing to expand and generate increased revenue for and awareness of UNICEF. These include the "Change for Good" and "Check-Out for Children" programmes with major airlines and hotels, respectively, as well as the relationship with Time Warner spotlighted by the 1998 Goodwill Games held in New York City.

53. PSD will also continue to foster longer-term thematic fund-raising programmes with such service clubs as Kiwanis (for iodine deficiency), Rotary International (for polio eradication) and the Lions Clubs (for educational kits). These groups, whose members volunteer their time and undertake innovative fund-raising, have developed a valuable relationship with UNICEF.

54. Foundations are a potential new source of support that UNICEF is continuing to explore and develop. In May 1998, UNICEF received pledges of nearly $6.5 million for grants from the United Nations Foundation, the entity formed to distribute a $1 billion gift to the United Nations from Ted Turner. Six UNICEF proposals were approved for immediate work in Africa, Indonesia and Viet Nam on issues ranging from fighting disease to demobilizing child soldiers.

5. The role of UNICEF field offices

55. Several donors are beginning to decentralize responsibility for determining programme priorities and financing, as well as reporting. The UNICEF representative is thus in a pivotal position in terms of establishing direct contacts with donors and in maintaining a closer partnership with the host Government in identifying priorities and assessing needs. In an Executive Directive sent to all country offices, the Executive Director asked that representatives develop national fund-raising strategies for supplementary funding as part of the country programme planning process. All regional offices have developed regional resource mobilization strategies, which will be updated annually.

6. Exchange rate fluctuations

56. The continued strength of the United States dollar continues to have an adverse effect on UNICEF income. At the 1998 annual session, many delegations requested an analysis of this problem and asked what, if anything, UNICEF could do to mitigate against it.

57. It is necessary to state at the outset that the base currency used by UNICEF (and the United Nations) is the United States dollar. In 1997, 41 per cent of convertible funds received into treasury operations were in United States dollars and 59 per cent were in other currencies. Of convertible funds disbursed from treasury operations in 1997, 84 per cent were in United States dollars and 16 per cent in other currencies.

58. The mismatch by currency of receipts to currency of disbursements creates a foreign exchange exposure. In the UNICEF environment, a rising United States dollar will result in more income being lost than purchasing power being gained. The conservative approach that UNICEF takes is to reduce foreign exchange risk by holding currency positions in the portfolio that offset existing or anticipated liabilities by currency. Therefore, UNICEF is a net seller of currencies and purchaser of United States dollars.

59. The euro has the potential for reducing the inter-currency risk of UNICEF for participating currencies, and will provide new cash management opportunities. However, the euro will not be fully rolled out until 2002 and national currencies will be accepted until then.

60. In most instances, UNICEF is not provided with a pledge or a payment schedule. Forward sales of currencies based on estimates would actually increase the foreign exchange exposure. In order to have a successful hedging strategy, UNICEF would require a commitment from Governments and National Committees regarding minimum amounts to be paid to UNICEF, the latest possible dates they will be paid and the currency of payment.

61. UNICEF is a cautious trader in the foreign exchange markets. This basic stance is necessary to limit the risk of loss while preserving purchasing value.

C. Other sources of funding

1. International financial institutions

62. The UNICEF strategy for collaboration with the international financial institutions, including the World Bank and the regional development banks, draws on UNICEF experience and strengths, especially in the area of basic social services. At the country level, UNICEF staff increasingly participate in the development of the Bank's Country Assistance Strategies and many project "best practices" are replicated with financing from the Bank. At the headquarters level, the agencies have expanded their policy dialogue on such issues as the

20/20 Initiative, child labour and youth in post-conflict countries. Through its Institutional Grant Facility and based on UNICEF proposals, the Bank has recently provided assistance including $2 million for demobilization and community rehabilitation in the Democratic Republic of the Congo and $100,000 for youth in crisis in Sierra Leone. A proposal is under review on social policies and community-based programmes for adolescents in Latin America.

63. Regional priorities for UNICEF and the World Bank are maternal mortality reduction, youth and violence in Latin America, and primary education in 15 African countries where school enrolment has dropped to below 50 per cent. UNICEF is a partner in the Bank's Sectoral Investment Programmes, as in Ghana, and the Sector-wide Approaches. UNICEF has joined the Bank and several Governments in the design and implementation of loans from the International Development Association, as in the UNICEF country programme for Yemen presented to the Executive Board at its second regular session of 1998. A policy team comprised of representatives of UNICEF and the World Bank meet twice yearly. Working groups have been established on post-conflict activities, girls' education and procurement agreements. UNICEF has participated in the United Nations Development Group for joint reviews and reports on joint activities of the United Nations and the Bretton Woods Institutions.

64. UNICEF collaboration with the regional development banks is expanding, with a review underway of cooperative agreements and identification of thematic priorities. In addition, country-level programme coordination with the International Fund for Agricultural Development will increase during 1999.

2. Cooperation with the European Union

65. The UNICEF Brussels Office is in charge of overall cooperation with the European Union at the level of both the European Commission and the European Parliament. The office's main function is to develop gradually a partnership with the Union for the promotion and protection of child rights. It is expected to take many forms and therefore is not limited to the direct funding of UNICEF projects, even though this remains an important objective.

66. The office is working to base its resource mobilization efforts on a strong programmatic dialogue with the Commission, and to identify the UNICEF comparative advantage in certain key areas of mutual interest. To date, most contributions have been received from the European Commission Humanitarian Office. In 1996, funds amounting to 12 million European currency units (ECUs) ($10.8 million) were received for 27 projects in 16 countries. In 1997, this increased to 15 million ECUs ($13.5 million) for 26 projects in 15 countries.

67. Growth in funding is hampered by bottlenecks and in some cases incompatibilities between the administrative and financial requirements of the European Commission, the United Nations and UNICEF financial rules and regulations, which at times have obliged UNICEF to decline contributions. UNICEF has encouraged the opening of comprehensive negotiations between the United Nations Secretariat and the Commission to resolve the issue. Hopefully, a general agreement that will be valid for all United Nations agencies will be concluded in late 1998 or early 1999.

68. The European Commission's inclination to support NGOs as opposed to United Nations agencies on the grounds that the latter already are funded bilaterally by the Member States, represents an additional obstacle. This view is not always shared by the Member States, however, which would welcome an enhanced partnership between the Commission and United Nations agencies. Members of the Executive Board that also are members of the European Union may wish to promote closer and more harmonious collaboration between the Union and UNICEF.

3. Debt relief

69. While not a means of mobilizing resources for UNICEF, debt relief is an important element of a helping countries increase the resources they devote to children and to basic social services. UNICEF believes that the external debt burden is a serious obstacle in several countries to reaching the decade's goals for children. The Heavily Indebted Poor Country Initiative has the potential for releasing substantial resources for basic social services. The Initiative explicitly asks debtor countries to undertake social policy reforms to improve, *inter alia*, primary health care and basic education. UNICEF is, however, concerned about the slow implementation of the Initiative and urges creditors to grant debt relief to all eligible countries by the year 2000. UNICEF stands ready to work with Governments and the international community to ensure that resources resulting from debt relief agreements are channeled directly to programmes for children. Debt relief offers a concrete opportunity for

UNICEF to mobilize resources through arrangements that will allow debtor Governments to work with UNICEF on specific activities in favour of children.

VII. Conclusion

70. The ultimate purpose of the resource mobilization strategy is to assure increased core resources for UNICEF, obtain greater predictability of resources and promote greater burden-sharing among donors. Achieving these aims will allow UNICEF, with the continued support of all its donors, to support Governments in their efforts to ensure children's and women's rights to survival, development, protection and participation. The Executive Director looks forward to discussing the draft strategy with the Executive Board at its second regular session in September 1998. That discussion will shape the final strategy to be adopted at the first regular session of 1999. A viable resource mobilization strategy will then be in place at the beginning of the new century, as UNICEF supports its partners in finishing the agenda of the World Summit for Children and implementing the Convention on the Rights of the Child.

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For action

WHO/UNICEF/UNFPA Coordinating Committee on Health

Report of its first session held at the headquarters of the World Health Organization

Geneva, 3-4 July 1998

Summary

The present document contains the report of the first session of the WHO/UNICEF/UNFPA Coordinating Committee on Health, which met for the first time on 3-4 July 1998 at WHO headquarters in Geneva. The report also contains the Committee's terms of reference

* E/ICEF/1998/12.

WHO/UNICEF/UNFPA Coordinating Committee on Health CCH(98)/Report
First Meeting
Geneva, 3-4 July 1998 4 July 1998

REPORT OF WHO/UNICEF/UNFPA COORDINATING COMMITTEE ON HEALTH (CCH)

WHO headquarters, Geneva
3-4 July 1998

CONTENTS

		Page
I.	OPENING OF THE MEETING (Agenda item 1)	2
II.	REVIEW OF TERMS OF REFERENCE OF WHO/UNICEF/UNFPA COORDINATING COMMITTEE ON HEALTH (Agenda item 2)	4
III.	REVIEW OF WHO RESOLUTIONS, UNICEF DECISIONS AND UNDP/UNFPA DECISIONS (Agenda item 3)	5
IV.	SAFE MOTHERHOOD (Agenda item 4)	7
V.	VITAMIN A (Agenda item 5)	10
VI.	ADOLESCENT HEALTH AND DEVELOPMENT (Agenda item 6)	11
VII.	OTHER MATTERS (Agenda item 8)	12
VIII.	CLOSURE OF MEETING (Agenda item 9)	13
ANNEX 1.	WHO/UNICEF/UNFPA Coordinating Committee on Health - Terms of Reference	14
ANNEX 2.	List of Participants	15

I. OPENING OF THE MEETING (Agenda item 1)

1. Dr Kawaguchi, Director, Division of Interagency Affairs, WHO, opened the session and welcomed the participants.

2. Mr de Silva, WHO Executive Board, was unanimously elected Chairman. Dr Fikri, member of the WHO Executive Board, Dr Pulido de Briceño, member of the UNICEF Executive Board, and Dr Papineau Salm, member of the UNFPA Executive Board, were elected Rapporteurs.

3. The WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH) adopted the Agenda.

4. Dr Nakajima, Director-General of WHO, welcomed all participants to the First Meeting of the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH), recently established to enhance partnerships and coordinated action, as well as efficient use of resources by the three organizations. The Committee would be able to build on the achievements of the UNICEF/WHO Joint Committee on Health Policy and its rich experience of almost fifty years. He wished the new coordinating body every success in carrying out its duties, to maximize political commitment and public support to women's and children's health and optimize the use of the human and financial resources thus made available.

5. During this session CCH would be considering three main public health issues relevant to its mandate: safe motherhood, vitamin A deficiency and adolescent health.

6. Ten years had passed since the launch of the Safe Motherhood Initiative. The challenge of reducing maternal mortality had become widely recognized and the causes of the problem were much better understood. In many parts of the world, however, the knowledge gained had yet to be put into practice. Maternal and perinatal care was an area in which the difference between the haves and the have-nots was blatant. Health systems had to be strengthened to include appropriate case management at local level and reliable referral services for obstetric complications. Making quality services available was vital, but increasing the use made of these services was just as important. Poverty, lack of education, and women's lack of power to make decisions about their own health also contributed to maternal mortality. Political commitment in developing countries was crucial to ensure safe motherhood for all women.

7. The health status of individuals was influenced by health events which occurred earlier in their lives, and in the lives of their parents. Women's health and their access to reproductive health care and counselling largely determined the health status of their babies. Proper nutrition was an essential determinant of both the mother's and the child's health. Most micronutrient deficiencies could be linked to economic and cultural factors. Vitamin A deficiency (VAD) in particular was a public health problem in many low-income countries and its health consequences were severe, not only in preschool children but also in pregnant women. Data on the prevalence of VAD in women were still scarce but pointed to VAD as an important factor of maternal mortality and poor outcomes of pregnancy and lactation. There was a pressing need to take action to ensure that progress could be made in all countries. One of the objectives of the meeting would be to define ways in which the three organizations could combine their efforts to achieve broader implementation of a multipronged control strategy. This would include vitamin A supplementation, food fortification, and dietary improvement, particularly through the promotion of breastfeeding and support for the consumption and local production of foods rich in vitamin A.

8. Obviously, the need to ensure proper care, nutrition and lifestyles did not stop with childhood. It was critical that appropriate care should be provided to adolescents and that they should be encouraged to adopt safe lifestyles, to prepare the way for good health during adulthood.

9. Despite many achievements, the task ahead was formidable. Everyone stood to gain from enhanced coordination of resources and activities. On the basis of that principle, collaboration had first been established between WHO and UNICEF and had become extremely successful, thanks especially to the extraordinary generosity of the late Jim Grant and his selfless dedication to the cause of children. Collaboration between WHO, UNICEF and UNFPA would, he was confident, carry that work forward with great competence, renewed energy and full commitment to the humanistic values that defined the mission of the three agencies.

10. Ms Bellamy, Executive Director of UNICEF, said that, when historians looked back on the international development scene in the last few years of the century, the attempts made to increase coordination at the global, regional and national levels would stand out. Developing countries were demanding better coordination of international efforts and, at the country level, many governments were more strongly asserting their right to be the coordinators. Democratization, together with the increasing scarcity of development resources, made duplication of effort and wasteful overlap less acceptable than ever before, and the communications revolution, and relative ease of international travel had made the weaknesses of international coordination more visible than ever before.

11. Better coordination of international development work within the United Nations system was a central part of United Nations reform. Many were familiar with the United Nations Development Assistance Framework (UNDAF) process, which was being implemented in 18 pilot countries. In the area of health, the Sector Wide Approaches (SWAPS), or Sectoral Investment Programmes (SIPS) were being welcomed by developing countries and supported by key donor governments. The three agencies were having to decide how best to adapt their approaches to development to those ambitious and all-embracing approaches.

12. The UNICEF/WHO Joint Committee on Health Policy, one of the first high level coordinating mechanisms established within the United Nations system, had played a crucial role in establishing common policies and frameworks for programme support and implementation, and had served as a focal point to review key policies and indicators of progress, and made recommendations on ways in which progress could be accelerated.

13. In the wake of the International Conference on Population and Development, it was appropriate that UNFPA had joined WHO and UNICEF in the Coordinating Committee on Health. It was also appropriate that the agenda covered three issues which were highly relevant for each of the three organizations: safe motherhood, adolescent health, and vitamin A (which seemed to be just as important for women's reproductive health as it was for child survival). They were not only central to support for existing commitments, such as those made at the 1990 World Summit for Children, the International Conference on Population and Development, Cairo, 1994, and in Beijing in 1995 at the Fourth World Conference on Women, but they would also be central to the challenges that lay ahead.

14. In addition to those three areas, she believed that each of the agencies should re-examine its support to other priority areas. Rolling back malaria and tobacco control would require the full support of all three agencies to succeed. There was also an immediate need to review and strengthen support to countries battling the AIDS pandemic, which was devastating women's and children's health and undermining the capacity of the health system in ways never seen before.

15. In its efforts to strengthen the coordination of the work of the three agencies in health, CCH should build upon other mechanisms: UNDAF, the United Nations Theme Groups established at the country level, and UNAIDS. There was a need to take stock of interagency coordination mechanisms that had worked well and to learn lessons from those that had worked less well.

16. Coordination mechanisms that inhibited initiative and innovation and which imposed numerous layers of review and approval should be avoided. Coordination was easiest when organizations shared common goals and objectives and freely shared information. While developing consensus at the global level was essential, the real test of whether coordination mechanisms were effective was what happened at the country level, particularly how the rights of particularly disadvantaged children, families and communities were met and protected. She hoped that the meeting would lead to a clear understanding of how the deliberations of CCH would be translated into accelerated improvements in the health of children and women.

17. Dr Sadik, Executive Director of UNFPA, said that it was an honour and a privilege to address the first meeting of the WHO/UNICEF/UNFPA Coordinating Committee, an historic meeting that had been long in coming. About three years ago, the UNDP/UNFPA Executive Board had first considered the possibility of becoming a member of the UNICEF/WHO Joint Committee on Health Policy, the predecessor of this Committee. In March 1996 the UNDP/UNFPA Executive Board had reaffirmed the need for close collaboration and asked UNFPA to explore ways to further strengthen coordination in order to develop better coordinated health policies and programmes, including reproductive health, in the context of the follow-up of the International Conference on Population and Development. In fact, the report of the JCHP special session of May 1996 had convinced the UNDP/UNFPA Executive Board that the most effective way to strengthen interagency coordination would be for the UNDP/UNFPA Executive Board to become a member of the Committee. That report recounted successful and useful deliberations concerning such issues as maternal mortality, and adolescent health including adolescent reproductive health, both of which were priority areas for UNFPA and in which UNFPA was a key player.

18. For UNFPA the work of the Committee held great promise. It would help to sharpen the focus of interagency collaboration and coordination in achieving health and related social goals. Indeed, the three organizations had all worked together extremely well, especially in developing the social services agenda. The programme of action of the International Conference on Population and Development had placed reproductive health in the context of primary health care, thus recognizing it as an essential component of any minimum package of health services. It was, therefore, important for the three agencies to make sure that their activities contributed to the development of the health system in a given country.

19. In the shorter term, she hoped that the Committee could facilitate agreement among WHO, UNICEF and UNFPA on common approaches, a clearer delineation of their respective roles and responsibilities, a better exchange of methodologies, data and knowledge, and greater harmony in collaboration at the country level in implementing the various goals.

20. No goal was more noble or more urgent than to save the lives of women, men and children, or to improve the quality of their lives by providing them with access to health care, including reproductive health care. The Committee had the power to make a difference in those areas, especially in helping developing countries to build their own capacity to provide basic health care. It could also help to improve efficiency and effectiveness in the use of limited programme resources by making optimal use of the comparative advantages of the extensive field structures of UNICEF and UNFPA and of the technical expertise of WHO to plan, deliver and monitor quality health services.

21. She looked forward to working with the Committee and pledged to the Committee UNFPA's full support and cooperation. UNFPA was eager to begin what it was to be hoped would be a long and fruitful involvement in the collective efforts of the three Executive Boards to strengthen interagency coordination in the vital area of health.

II. REVIEW OF TERMS OF REFERENCE OF WHO/UNICEF/UNFPA COORDINATING COMMITTEE ON HEALTH (Agenda item 2)

22. The document under consideration[1] recalled almost fifty years of WHO/UNICEF collaboration through JCHP, and the expansion of JCHP to include UNFPA. It outlined the steps taken to establish the Terms of Reference and included the text approved by the WHO Executive Board at its 100th session (resolution EB100.R2), as well as the recommendations of the Executive Boards of UNICEF and UNDP/UNFPA (Decisions 1997/27 and 97/28, respectively).

23. With the agreement of CCH, a draft text was circulated providing the text approved by the WHO Executive Board (resolution EB100.R2), with amendments proposed by the UNICEF Executive Board. CCH agreed to this consolidated text which would be submitted as CCH's recommendation on the Committee's Terms of Reference to the three Executive Boards (see Annex 1).

24. The increasing involvement of the World Bank in the health sector and sector-wide approaches, and the need for coordination on policy, technical and programme support issues was discussed.

25. CCH recommended that, at the secretariat level, there should be close cooperation with the World Bank on relevant issues covered by CCH to facilitate greater operational coordination at country level. Informal participation of the World Bank in CCH on specific agenda items would be welcome.

III. REVIEW OF WHO RESOLUTIONS, UNICEF DECISIONS AND UNDP/UNFPA DECISIONS (Agenda item 3)

26. The document under discussion[2] presented resolutions and decisions relevant to improving the health status of women and children, adopted by the World Health Assembly in May 1997 and May 1998 and by the WHO Executive Board in May 1997 and January 1998, and the decisions of the UNICEF Executive Board in 1997. Being the first time that the UNDP/UNFPA Executive Board was represented on the Coordinating Committee, as the successor committee to JCHP, the document also presented pertinent decisions taken by the UNDP/UNFPA Executive Board in 1995, 1996 and 1997.

WHO resolutions

Fiftieth World Health Assembly, May 1997

WHA50.19 Prevention of violence
WHA50.29 Elimination of lymphatic filariasis as a public health problem
WHA50.34 Malaria prevention and control
WHA50.35 Eradication of dracunculiasis
WHA50.36 African trypanosomiasis

27. The above resolutions had been brought to the attention of the Thirty-first session of JCHP, 19-20 May 1997, and were therefore not reviewed again.

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[1] Document CCH(98)/2.

[2] Document CCH(98)/3 Rev.1.

WHA50.12 Establishment of the International Vaccine Institute

28. The importance of the resolution for the three organizations was stressed.

WHA50.21 World Tuberculosis Day

29. The resolution was noted.

Executive Board, 100th session, May 1997

EB100.R1 Health systems development for the future

30. The collaboration between UNICEF and WHO in health systems development was noted. It was pointed out that, although the mandate of UNFPA focused primarily on reproductive health, including family planning, UNFPA had already been active in contributing to health systems in countries, since reproductive health services were part of basic services. Indeed, the three organizations should work to develop common strategies and approaches to improve health systems at country level.

31. It was suggested that the three organizations should collaborate at county level on the following aspects:

- inventory of health resources and infrastructure;
- development of human resources through training and upgrading of skills for primary health care structures;
- drafting of job descriptions;
- establishment of a structure to ensure supervision of staff;
- re-establishment of the role of hospital services in the primary health care framework;
- common logistics systems;
- development of common health statistics for monitoring programmes.

32. While the report on the two-year work plan endorsed by JCHP in 1997 would cover collaboration between WHO and UNICEF, the involvement of UNFPA in activities would be warmly welcomed.

EB100.R2 WHO/UNICEF/UNFPA Coordinating Committee on Health

Executive Board, 101st Session, January 1998

Decision EB101(11) Report on the UNICEF/WHO Joint Committee on Health Policy

Fifty-first World Health Assembly, May 1998

WHA51.8 Concerted public health action on anti-personnel mines

33. The above resolutions and decision were noted.

WHA51.11 Global elimination of blinding trachoma

34. With regard to the above resolution in particular, it was pointed out that the elimination of blinding trachoma was outside the mandate of UNFPA. In general, UNFPA would only participate in areas that were related to its work.

WHA51.12 Health promotion
WHA51.13 Tuberculosis
WHA51.14 Elimination of transmission of Chagas disease
WHA51.15 Elimination of leprosy as a public health problem
WHA51.17 Emerging and other communicable diseases: antimicrobial resistance

35. The above resolutions were noted.

WHA51.18 Noncommunicable disease prevention and control

36. The importance of the resolution was emphasized.

WHA51.22 Collaboration within the United Nations system and with other intergovernmental organizations: Health of children and adolescents
WHA51.24 International Decade of the World's Indigenous People
WHA51.28 Environmental matters: strategy on sanitation for high-risk communities

37. The above resolutions were noted.

UNICEF Executive Board decisions

Decision 1997/17 Report on the meeting of the UNICEF/WHO Joint Committee on Health Policy

38. The decision was noted.

Decision 1997/19 Ensuring children's rights to survival, protection and development in Africa
Decision 1997/20 Follow-up to the World Summit for Children

39. The plight of orphan children was emphasized. In Africa, because of HIV/AIDS and armed conflict, there were so many orphans that they could no longer be cared for by extended families. Priorities had been set to accelerate programme activities.

Decision 1997/27 Proposed Terms of Reference of the World Health Organization/ UNICEF/United Nations Population Fund Coordinating Committee on Health

40. The above decision had been discussed under Agenda item 2.

UNDP/UNFPA Executive Board decisions

Decision 95/15 **Programme priorities and future directions of the United Nations Population Fund in the light of the International Conference on Population and Development**

41. The importance of the decision was emphasized.

Decision 95/36 **UNFPA: Global contraceptive commodity programme**
Decision 96/3 **Global contraceptive commodity programme**

42. The above decisions were noted.

Decision 96/15 **Allocation of resources to country programmes of UNFPA**

43. The importance of the decision was emphasized.

Decision 96/17 **Inter-Agency coordination in health policy and programming**
Decision 96/38 **Coordination in health policy and programming**
Decision 97/1 **UNICEF/WHO/UNFPA Coordinating Committee on Health**
Decision 97/7 **Revision of UNFPA Financial Regulations**
Decision 97/28 **Functioning of the Coordinating Committee on Health**

44. The above decisions were noted.

IV. SAFE MOTHERHOOD (Agenda item 4)

45. The document under discussion[1] analysed progress in reducing maternal mortality as of the mid-decade, the current status and remaining challenges, and lessons learned. A number of key actions to accelerate progress were suggested. In reviewing the document before the CCH, it was noted that the report was based on previous work prepared for the UNICEF/WHO Joint Committee on Health Policy and that it largely reflected actions supported by UNICEF and WHO. It was brought to the attention of the Committee that there also had been extensive UNFPA involvement in those areas of safe motherhood reflected in paragraph 16 of the document and it was agreed that the report[1] should more fully reflect this.

46. In introducing the document, it was pointed out that the recently held meeting in Colombo to review the Safe Motherhood Initiative after ten years had further developed international consensus on priorities to accelerate progress, and these were summarized. It was also pointed out that WHO, UNFPA and UNICEF, together with the World Bank, had collaborated to produce a joint statement on reduction of maternal mortality, which was expected to be finalized within the next few weeks. That statement set out the details of an interagency consensus on the problem of maternal mortality, its causes, and priorities to improve the situation.

47. CCH requested that more emphasis should be placed on improving safe motherhood in the context of the life cycle, starting with improvement of the health and nutrition of young and adolescent girls. Greater attention also needed to be given to the effect of female genital mutilation, violence against girls and women, unsafe abortion and low levels of education as factors contributing to maternal mortality and morbidity.

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[1] Document CCH(98)/4.

48. CCH recognized that the previous approach of identifying and focusing narrowly on individuals identified to be at high risk of maternal mortality had not worked, as life-threatening delivery complications might also arise in low-risk women. There was a need, however, to continue to recognize that there were still clear risk factors which called for attention, such as adolescent pregnancies and too close birth spacing. It should be noted that it was not just rural women who had high risks of maternal mortality, but that in many areas urban women were at high risk as well.

49. It was necessary to ensure that women themselves, and their communities, were fully involved in the design of plans to improve safe motherhood. There was also a need to ensure an appropriate balance of approaches between the provision of essential obstetric care, the mobilization of communities and preventive actions. The fact that the document emphasized the need to strengthen district hospitals was welcomed. There was also a need to ensure that safe motherhood activities included action to educate and support girls and women in ways that enabled them to avoid unsafe and unwanted pregnancies, and unsafe abortion.

50. Following discussion, CCH agreed that the following key actions should be taken to make motherhood safer:

(a) Improve the situation of girls and women throughout the life cycle by, among other things, improving the nutrition and health of young and adolescent girls, preventing female genital mutilation and violence against girls and women, improving the status of women, and strengthening the education of girls.

(b) Strengthen pregnancy-related services at all levels of the district health system and improve access to essential care for obstetric complications, including emergencies, at health centres and hospitals. This will involve upgrading skills at the health centre level and reinstituting a referral service to district hospitals. It will be essential to support the full participation of men and women in the community in the planning, implementation and monitoring of actions.

(c) Strengthen access to voluntary family planning information and services in order to enable women to choose if and when to become pregnant.

(d) Strengthen the functioning of the referral system by linking women's groups, communities, health centres and first-level referral hospitals.

(e) Improve the quality of reproductive health care, including the technical competence of the providers, supplies of drugs and equipment, and communication between providers and clients. Strengthen the training of professional midwives and increase their placement in underserved areas.

(f) Target Information, Education and Communication (IEC) activities not only to women, but also to men, families, and others in the community whose attitudes and actions can influence the health of women. Increase community awareness of hazards of pregnancy and childbirth through social mobilization for planning pregnancy and safe delivery and organizing transport for women who experience complications during delivery.

(g) Provide adolescents (particularly young women) with the information, skills, support from peers and family, and access to health services they require.

(h) Since under-nutrition including anaemia has a negative impact on maternal health and nutrition, as well as on birth weight, give more attention to improving nutrition for girls and women.

(i) The complications of unsafe abortion are a major cause of maternal mortality in many countries. Whatever the legislation, there are ways to address unsafe abortion and countries should be supported in this area.

(j) Continue to develop and test innovative approaches to measuring maternal mortality and to monitoring and evaluation, including both quantitative and qualitative methodologies.

(k) Strengthen efforts to link the prevention of HIV/AIDS as well as mother to child transmission of HIV/AIDS to other safe motherhood activities.

(l) Take a coherent and long-term approach to making motherhood safer, which combines and balances all of the above actions at the country level.

51. CCH endorsed WHO/UNICEF/UNFPA collaboration on safe motherhood, including:

- the harmonization of policies in the draft joint statement which is under development, and continuing collaborative work on guidelines, tools and other materials issued either jointly or separately by the respective organizations;

- the further development and expansion of global advocacy for safe motherhood in the context of reproductive health.

52. CCH further called for the promotion of strengthened WHO/UNICEF/UNFPA collaboration on safe motherhood, through their respective Executive Boards, paying particular attention to:

- the harmonization of implementation at country level in the framework of national and district plans of action or priorities, within and outside the health sector, through, for example, United Nations Theme Groups on Health.

- strengthening collaboration at the regional level through WHO and UNICEF regional offices and UNFPA country support teams.

- strengthening the focus on maternal and newborn survival in health sector reform processes, including sector investment plans and sector-wide approaches, ensuring that safe motherhood programmes receive a minimum level of investment in these, in a reproductive health context.

- strengthening collaboration with other partners in the field, particularly the World Bank.

53. CCH suggested that the three secretariats should work jointly to develop a strategy for the reduction of maternal and newborn mortality, with milestones and targets, in the reproductive health context.

V. VITAMIN A (Agenda item 5)

54. The document under discussion[1] reviewed the strategies to eliminate vitamin A deficiency as a public health problem, drew attention to the most effective interventions, and proposed targets and key actions.

55. In presenting the document, it was noted that vitamin A deficiency affected primarily preschool children and women. In addition to causing ocular lesions, it was a major factor affecting child survival and safe motherhood. Out of 118 countries where vitamin A deficiency was a public health problem, a substantial number had not yet taken any control measures. Given the importance of that public health problem, there was a need to accelerate progress in reducing vitamin A deficiency.

56. The following key actions were proposed:

(a) Establish targets for implementing the plan of action.

(b) Make vitamin A supplementation the centrepiece of the strategy for vitamin A deficiency control. Existing programmes should be used as much as possible, in particular immunization and reproductive health.

(c) Explore further possibilities for food fortification with vitamin A, support breastfeeding and any measures to increase dietary vitamin A content, support operational research particularly on topics related to women and vitamin A deficiency, and address the issue of multiple-vitamin and mineral supplementation.

57. During its discussion, the Committee considered the following issues:

- immediate action should take place in advance of the proposed targets being set;
- the emphasis on further research should be viewed in the context of new knowledge, although new topics such as vitamin A deficiency in women or vitamin A deficiency in relation to mother-to-child HIV transmission have recently grown in importance and raised many questions that need to be scientifically addressed;
- the need to take every opportunity to link the distribution of vitamin A supplements to other ongoing activities; for example, collaboration was currently being developed with EPI programmes to deliver vitamin A supplements with immunization contacts;
- the importance of sustainability;
- the role of advocacy to make countries more aware of the problem and the possibilities of finding a solution.

58. CCH noted the strong consensus among the three organizations concerning the strategy to be followed to accelerate progress in eliminating vitamin A deficiency. The Committee endorsed the strategy and made the following recommendations:

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[1] Document CCH(98)/5.

(a) In countries where vitamin A deficiency is likely, vitamin A supplementation programmes should be supported. Programmes to fortify foods and improve diets also need to be encouraged.

(b) Special attention should be given to advocacy in order to mobilize governments to tackle vitamin A deficiency.

(c) Continuing research on a limited number of priority topics is still needed.

(d) Vitamin A supplements should be viewed within the wider context of multiple-vitamin and mineral supplements.

(e) More attention should be given to the sustainability of national programmes for the control of vitamin A deficiency.

VI. ADOLESCENT HEALTH AND DEVELOPMENT (Agenda item 6)

59. The document under discussion[1] reviewed the history of WHO/UNICEF/UNFPA collaboration in the area of adolescent health and development, and in particular the work of the joint WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health.

60. CCH agreed that the health of adolescents was an area of critical concern to the three organizations and endorsed the recommendations of the WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health.

61. In discussion, it was pointed out that adolescents were not the problem, the problem was that their rights were not met.

62. CCH considered that the three organizations should develop and implement strategies for effective dialogue with and involvement of adolescents in all phases of programming (analysis, assessment and action), appreciating that they were a key resource of civil societies.

63. Mention was made of the fact that many adolescent health issues were sensitive (for example, sexuality, substance abuse, and violence) and that many adults had ambivalent attitudes towards those matters.

64. CCH recognized that public advocacy was still required to dispel myths, misunderstandings and misconceptions about adolescent health and development.

65. In view of the range of antecedents and diverse problems confronting adolescents, a multisectoral approach was essential (health, education, media, etc.). Multi-agency involvement was therefore essential, and effective formal and informal mechanisms for coordination at country level needed to be strengthened or developed. It would be important to strengthen current collaboration by WHO, UNICEF and UNFPA at global, regional and national levels, in line with their mandates and strategic advantages, and to include collaboration with other United Nations organizations that had an interest in the health and development of adolescents, such as UNDCP, UNESCO, UNHCR and ILO.

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[1] Document CCH(98)/6.

66. Adolescents were not a homogeneous group. While all adolescents were vulnerable, some were particularly vulnerable and disadvantaged (for example, school drop-outs, those not living at home, those using illicit drugs and alcohol, adolescents who had never been to school, exploited adolescents, etc.). Many adolescents were not prepared for the opportunities that surrounded them, and many more did not even have access to such opportunities.

67. CCH agreed that all adolescents required information, skills, access to quality services, a safe environment and opportunities to participate, but that a situation analysis/assessment was needed to identify the most disadvantaged adolescents who would often require specific strategies to meet their rights to health and development.

68. As there was a need to work together on certain health problems throughout the life cycle, ways in which a focus on adolescent health and development could be strengthened in health sector reform in countries, including sector investment plans, were needed. Attention was drawn to the need for support for the development of quality services that responded to a range of health problems (for example, sexual and reproductive health, tuberculosis, nutrition), and for a focus on adolescents in national programmes, such as those dealing with safe motherhood, HIV/AIDS, and tobacco.

69. It was stressed that parents and other significant caring and supportive adults were essential for adolescents' health and development. Adolescents were "children" as defined by the Convention on the Rights of the Child, and remained dependent on adults to meet their rights to health and development. Programmes should therefore be developed to support parents and develop their parenting skills, as well as sensitizing adults in the community to respond to the needs of adolescents for health and development.

70. Because adolescence had been identified as a key period of the life cycle, there had to be a concerted effort to accelerate national programmes for adolescent health and development. At regional level, there was a need for better coordination and pooling of technical resources.

71. CCH recognized that, while there was a need to focus on prevention, that was not always possible. When prevention was not possible, it was important to consider harm reduction, the separation of high-risk behaviours, and delaying the onset of high-risk behaviours.

72. CCH stressed that development was at the heart of the health of adolescents. Adolescents should be an important focus for community development programmes and adolescents' development should be an important focus for programmes directed to adolescents. It would be important to identify ways in which adolescent health and development, including adolescent sexual and reproductive health, could both contribute to and benefit from current efforts to strengthen collaboration within the United Nations, for example through Theme Groups and the United Nations Development Assistance Framework (UNDAF).

VII. OTHER MATTERS (Agenda item 8)

Coordination at country level

73. The importance of effective coordination at country level was stressed. Such coordination was essential to ensure that the actions recommended by CCH were implemented in reality.

74. The potential promising results anticipated from the United Nations Development Assistance Framework were mentioned. Whether working together on the same activities or undertaking complementary activities, it was important for the efforts of the three organizations to be directed towards the same priority targets.

Next meeting of CCH

75. Recognizing the importance of following up the Committee's recommendations to ensure that action was taken on them at country level, CCH decided to hold its next meeting in the second half of 1999.

76. Regarding the agenda for that meeting, it was stressed that sufficient time should be allowed for useful discussion of each item. It was also observed that less time might be required for consideration of some items compared to others.

77. The following topics were suggested for possible inclusion in the agenda of the next meeting:

- health systems development,
- implementation of CCH recommendations at country level,
- strategy coordination,
- pregnancy and HIV/AIDS,
- indicators,
- safe motherhood (follow-up),
- vitamin A and micronutrients (follow-up),
- malaria.

78. CCH agreed that the agenda would be drawn up by the three secretariats at an intersecretariat meeting.

VIII. CLOSURE OF MEETING (Agenda item 9)

79. Mr de Silva, Chairman of CCH and member of the WHO Executive Board, thanked participants for their valuable views and ideas, which he hoped would already have been put into action by the time of the Committee's next meeting. The excellent working atmosphere and cordial relations between the three organizations augured well for health in the twenty-first century.

80. Ms Bellamy, Executive Director of UNICEF, endorsed those remarks and expressed appreciation to the members of the three Executive Boards, and to the staff of the three organizations for their contributions to outlining the actions to be implemented.

81. Dr Sadik, Executive Director of UNFPA, pledged UNFPA commitment to following up the recommendations of the meeting, and paid tribute to the Chairman for his attentiveness and good chairmanship.

She also thanked the members of the three Executive Boards, and the staff of the organizations for their active participation.

82. Dr Antezana, Assistant Director-General, WHO, speaking on behalf of the Director-General of WHO, expressed gratitude to the Chairman, the members of the three Executive Boards and the executive heads of UNICEF and UNFPA. He was sure that the motivation and commitment exhibited at the Committee's first meeting would lead to tangible improvements in the health sector.

ANNEX 1

WHO/UNICEF/UNFPA COORDINATING COMMITTEE ON HEALTH[1]

TERMS OF REFERENCE

1. The WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH) shall meet biennially, or in special session if required, normally in Geneva. The Committee shall be chaired in rotation by a member of the Executive Board of each organization; WHO, as the lead agency in international health, will chair the first session.

2. The role of the Committee will be:

- to facilitate the coordination of health policies and programmes of the three organizations;

- to review the overall needs for strategic, operational and technical coordination in the fields of maternal, child, adolescent and women's health, with a prioritized focus on disease and health ramifications based on WHO mortality and morbidity statistics, and reproductive health, including family planning and sexual health, to ensure regular exchange of information in these areas and to make recommendations to the respective Executive Boards for follow-up action by the secretariats, as appropriate, with due regard for the respective mandates of the organizations involved;

- to promote consistency in implementation strategies and activities among the three organizations and with other partners, for the maximum benefit of Member States, especially at the country level within the context of the Resident Coordinator system and, in this context, to ensure that these are guided by the overall policy framework for health development as defined by the World Health Assembly.

- to receive and review progress and assessment reports presented by the Director-General of the World Health Organization, the Executive Director of UNICEF or the Executive Director of UNFPA, on activities pertaining to the health of children, young people and women, with a prioritized focus on disease and health ramifications based on WHO mortality and morbidity statistics, including reproductive health, and to review any orientation of strategy that may be necessary to meet agreed objectives, with due regard for the respective mandates of the agencies involved;

- to consider matters of common concern to WHO, UNICEF and UNFPA which the Executive Boards or the secretariats of the respective organizations may refer to this Committee;

- to report to the WHO, UNICEF and UNFPA Executive Boards on the foregoing matters.

3. The WHO/UNICEF/UNFPA Coordinating Committee on Health shall be composed of 16 members of the Executive Boards of the three organizations, such members being selected by their respective Boards on the basis of one from each region of the organization concerned.

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[1] Text recommended by the First Meeting of CCH to be submitted to the Executive Boards of the three organizations. It is based on the text approved by WHO Executive Board (resolution EB100.R2), 16 May 1997 plus the amendments proposed by UNICEF Executive Board, September 1997 (Decision 1997/27).

4. WHO shall provide the Secretariat for the Committee and, in consultation with UNICEF and UNFPA, jointly convene intersecretariat meetings to prepare the agenda and supporting documentation for the sessions of the Committee.

5. Further intersecretariat meetings may be convened in alternate years, where appropriate with other organizations active in health, to ensure a coordinated approach at country level.

ANNEX 2

LIST OF PARTICIPANTS

WHO Executive Board Members

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(Alternate to Dr J. Williams)

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Dr Bruce Dick, Senior Youth Health Adviser, Health Section
Ms Cecilia Lotse, Secretary of the Executive Board

UNFPA

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Mr S. Bavelaar, Senior External Relations Officer, European Office
Dr N. Dodd, Chief of the Technical Branch, Technical and Policy Division (TPD)
Dr C. Gardiner, Senior Technical Officer, Technical and Policy Division (TPD)
Mr R. Snyder, Senior Officer, Executive Board Branch, Information and External Relations Division (ERO)

WHO

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Dr B. de Benoist, Programme of Nutrition (NUT)
Dr J. Clements, Expanded Programme on Immunization (EPI)
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Mr E. Webster, Division of Intensified Cooperation with Countries and Peoples in Greatest Need (ICO)
Dr R. Williams. Division of Emerging and Other Communicable Diseases Surveillance and Control (EMC)

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